



**CITY OF NEWPORT BEACH**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**BUILDING DIVISION**

3300 Newport Boulevard | P.O. Box 1768 | Newport Beach, CA 92658  
www.newportbeachca.gov | (949) 644-3275

[Voluntary]  
**CONTRACTOR/PROPERTY OWNER SELF-CERTIFICATION DECLARATION**  
**FOR RESIDENTIAL PROPERTIES**  
*(Dishwasher, Garbage Disposal, Water Closet)*

Project Address: \_\_\_\_\_

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

The following is to be completed by the **California licensed plumbing contractor or owner-builder**, participating in the City of Newport Beach Self-Certification Program. Please type or print.

Installer's Name: \_\_\_\_\_ License No (if applicable) \_\_\_\_\_

Installer's Mailing Address: \_\_\_\_\_ Phone # (required): \_\_\_\_\_

Installer's Email: \_\_\_\_\_ FAX #: \_\_\_\_\_

**Installer**

I certify that the installation is in compliance with applicable code requirements.

I further affirm that I have reviewed and understand the requirements of the applicable 2010 California Plumbing Code and Newport Beach Municipal Code and that all self-certification reports submitted will be based on the code requirements contained therein.

Please check the appropriate box below for work to be completed under this Self-Certification declaration:

- ☐ **DISHWASHER.** Installed same size and in the same location. Air gap fitting installed per 2010 California Plumbing Code, 807.4.
- ☐ **GARBAGE DISPOSAL.** Installed same size and in the same location.
- ☐ **WATER CLOSET.** Replaced in the same size and 1.6 gallon per flush.

\_\_\_\_\_  
*Installer's Signature*

\_\_\_\_\_  
*Date*

**Property Owner** (Required)

As the property owner of the project address noted above, I have read, understand and agree to participate in the System Self-Certification Program. I further understand that by participating in this program, the plumbing system will not be inspected by a City of Newport Beach Building Inspector during construction or after installation unless requested. The Building Division may request and reserves the right to verify code compliance after the installation is complete.

\_\_\_\_\_  
*Property Owner's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Email*

**This form must be completed and returned to the City of Newport Beach Building Division for a final approval of the plumbing permit. Please return this form to the City Building Division by mail, fax, or send electronically.**

Please mail to: City of Newport Beach  
Community Development Department  
Building Division  
3300 Newport Blvd.  
Newport Beach, CA 92663

Email: [dbogle@newportbeachca.gov](mailto:dbogle@newportbeachca.gov)  
Fax #: 949-644-3250